

Attualità in tema di HIV

L'AGORA' PENITENZIARIA 2019
XX Congresso Nazionale SIMSPE-ONLUS

IL CARCERE È TERRITORIO

Programma preliminare

WWW.AGORAPENITENZIARIA.IT

3-4 ottobre 2019



Palazzo Lombardia - Auditorium G. Testori
Piazza Città di Lombardia 1, Milano

E. Pontali

**S.C. Malattie Infettive - E.O. Galliera - Genova &
ASL3 Genovese - Genova**

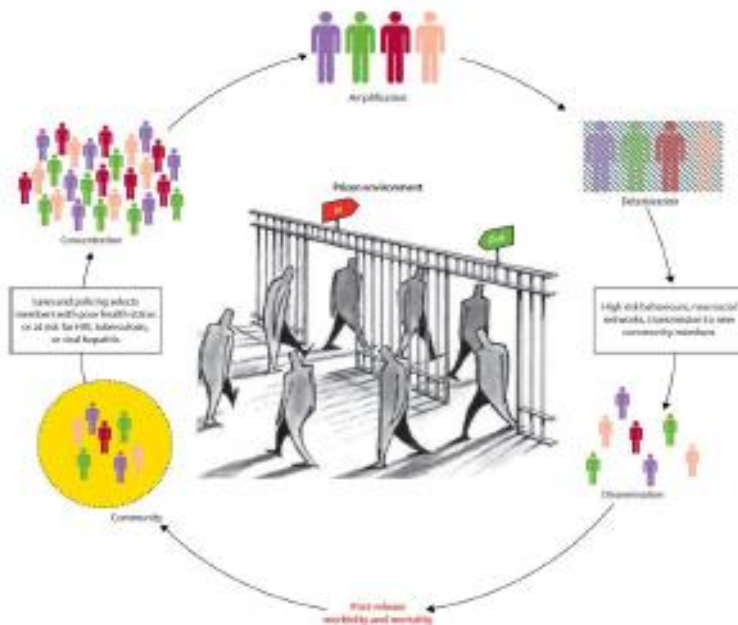
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Perché ne parliamo oggi?

- L'infezione HIV continua a presentare un'elevata prevalenza in ambito penitenziario
- La TARV è disponibile e deve essere accessibile ai detenuti HIV+
- Pochi dati su incidenza in carcere, ma necessario fare prevenzione

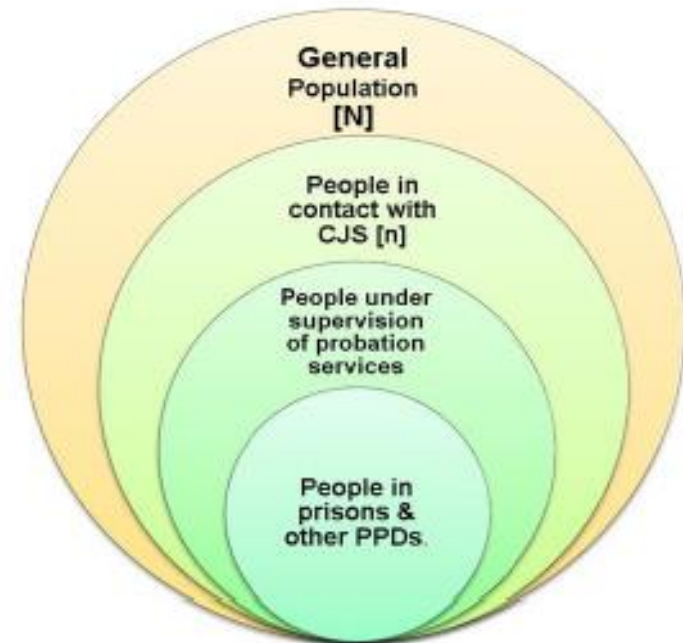
Prison population and health

Revolving doors



Source: [Lancet](#), 2016 Sep 10;388(10049):1115-1126

Community dividend



Source: E O'Moore - <https://publichealthmatters.blog.gov.uk/2015/07/06/the-community-dividend-why-improving-prisoner-health-is-essential-for-public-health/>

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Trasmissione 'intra-moenia'

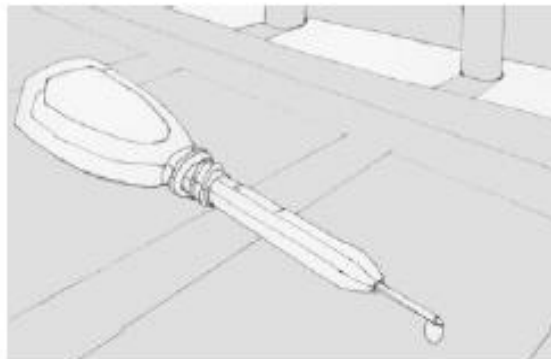
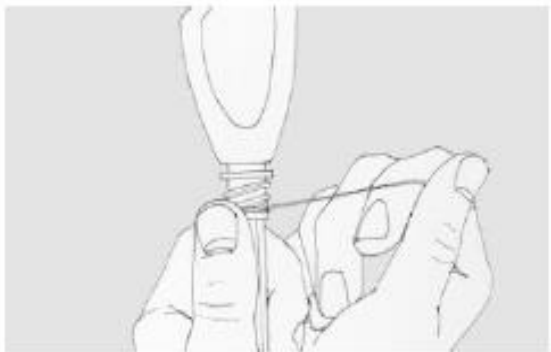
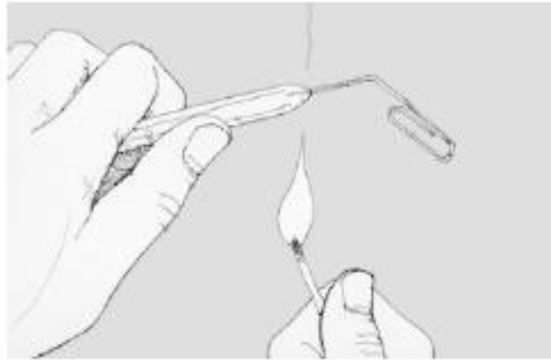
- Dati sconosciuti
- Però succede...
- Prevenzione parte da: diagnosi e screening all'ingresso con trattamento precoce dei nuovi riscontri
- PREP???

UNDETECTABLE = UNTRANSMITTABLE



03/10/2019

DRUG INJECTION IN PRISONS



- **Injection in prisons:**
 - Reduced
 - Initiation
- **In the absence of NSP, people share syringe and**



Source: The Fix

Ci sono vere novità nel 2019?

- TAF meglio di TDF in particolare per le donne (**rene e osso**), ma non sul **colesterolo**
- Parole d'ordine: **Individualizzazione**, **Personalizzazione**, Switch strategico, Ottimizzazione, **Alleggerimento**, **Semplificazione**
- **LONG-ACTING**

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TAF vs TDF in Women: Safety Outcomes at Wk 96

- Significantly improved bone/renal parameters in women receiving TAF vs TDF, especially in switch setting
 - Most common AEs, treatment-emergent renal AEs, discontinuations for AE or death similar between agents and vs men

| Median Change From Baseline at Wk 96 | | Treatment Naïve | | | Virologically Suppressed | | |
|--------------------------------------|------------------------------|-----------------|------|---------|--------------------------|------|---------|
| | | TAF | TDF | P Value | TAF | TDF | P Value |
| BMD | ■ Spine | -0.3 | -2.6 | < .001 | 1.7 | -1.1 | < .001 |
| | ■ Hip | -1.3 | -3.9 | < .001 | 1.7 | -0.8 | < .001 |
| eGFR _{CG} | | -5.8 | -8.6 | .082 | 7.8 | 0 | < .001 |
| Renal biomarkers | ■ Urine albumin:Cr ratio | -12 | 5 | .084 | -3 | 28 | < .001 |
| | ■ Retinol binding protein:Cr | 12 | 68 | < .001 | 8 | 51 | < .001 |
| | ■ ... | 27 | 13 | < .001 | 10 | 20 | < .001 |

Novità farmacologiche

- Sempre più STR, non solo per la prima linea - 2 o 3 farmaci attivi



Le novità del 2019

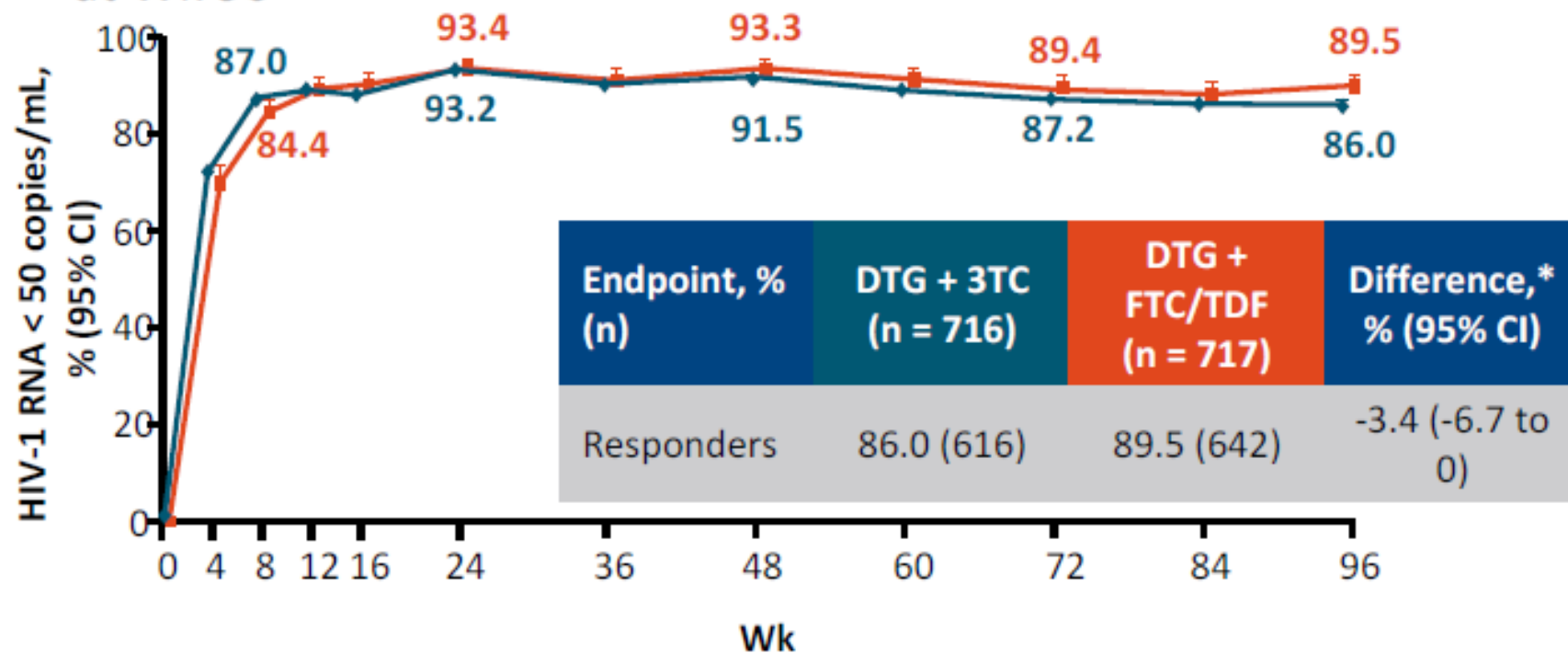
- Naive: non sempre 3 farmaci sono indispensabili
- La TARV fa ingrassare? INSTI, TAF...
- TARV 4 gg su 7 (QUATOR---???)



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GEMINI-1 and -2: Virologic Response

- DTG + 3TC met criteria for **noninferior efficacy** vs DTG + FTC/TDF at Wk 96



Rates of HIV-1 RNA \geq 50 copies/mL unchanged from Wk 48 to 96.

D/c for reasons other than AEs or death higher with DTG + 3TC at Wk 96 (8% vs 5% with 3-drug ART).

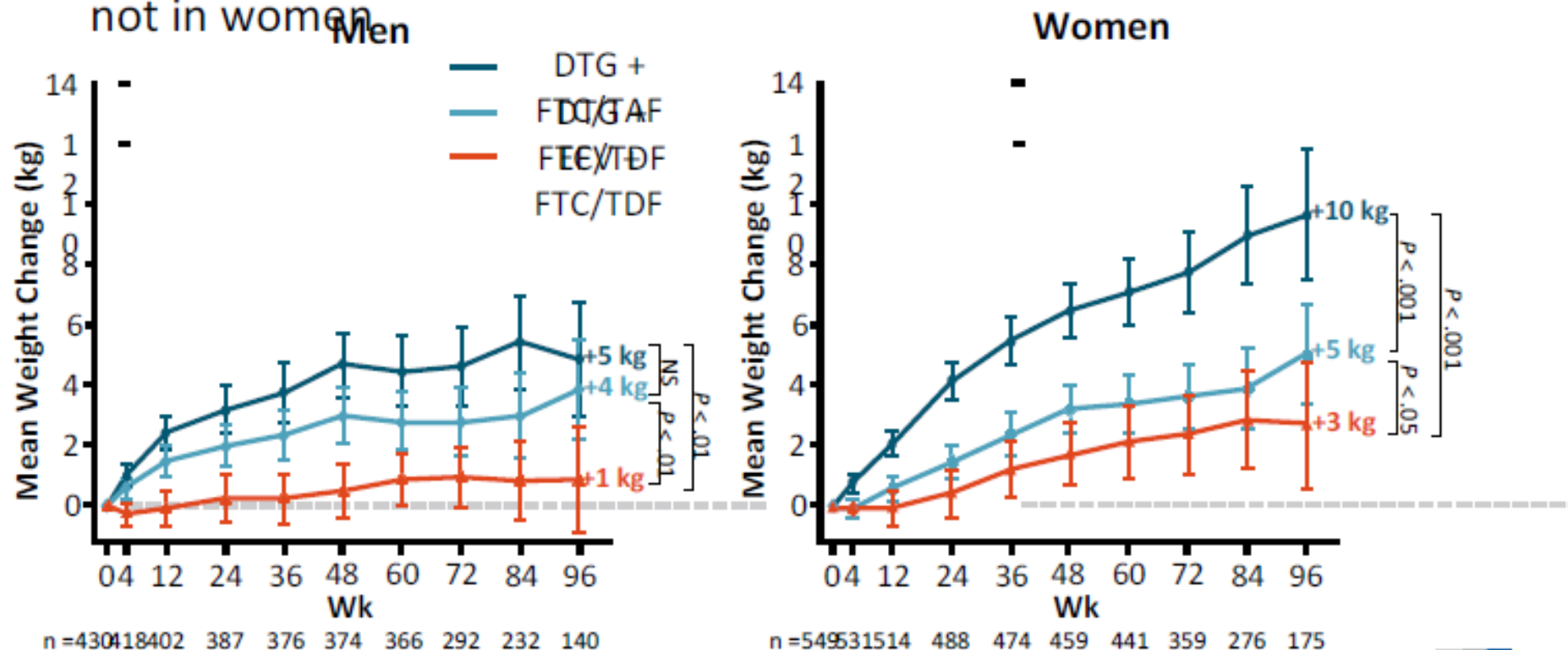
Cahn. IAS 2019. Abstr WEAB0404LB. Reproduced with permission.

Slide credit: clinicaloptions.com

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ADVANCE: Mean Change in Weight to Wk 96 by Sex

- Significantly greater weight increase* with DTG vs EFV, with TAF vs TDF; plateauing in weight gain after Wk 48 observed in men but not in women

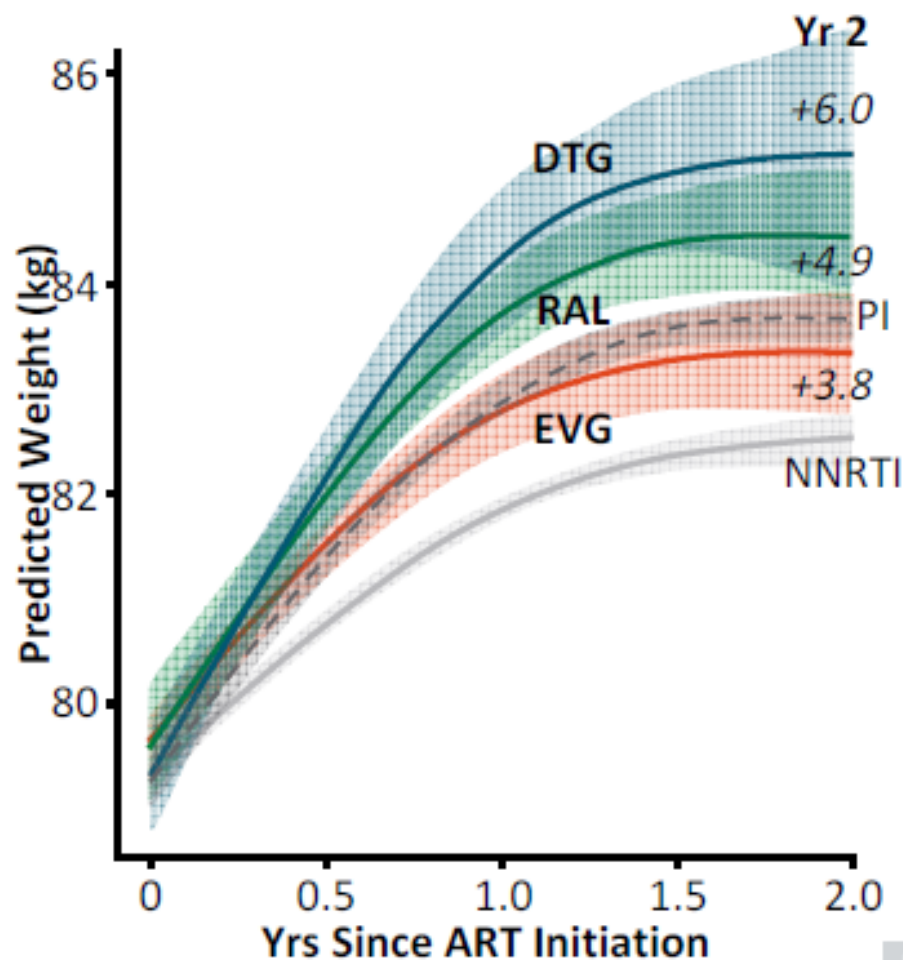
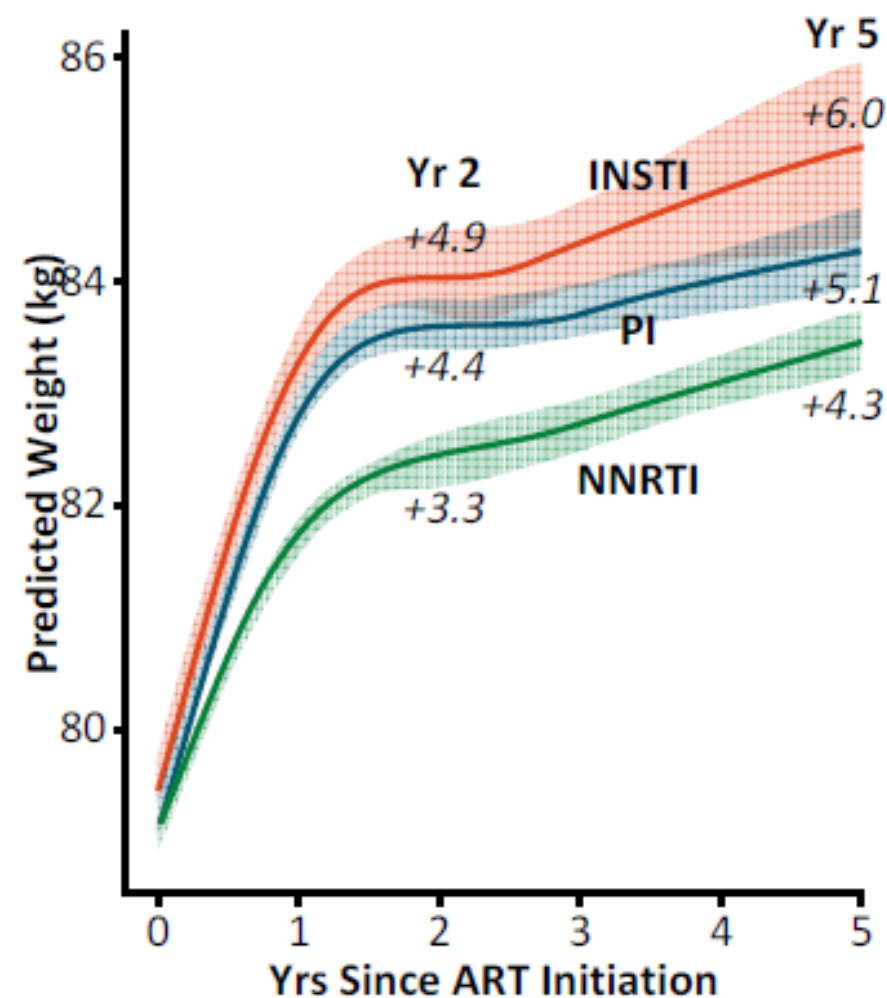


Hill. IAS 2019. Abstr MOAX0102LB. Reproduced with permission.*Wilcoxon rank-sum comparison at Wk 96.

Slide credit: clinicaloptions.com

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NA-ACCORD: Weight Gain by Class or Specific INSTI



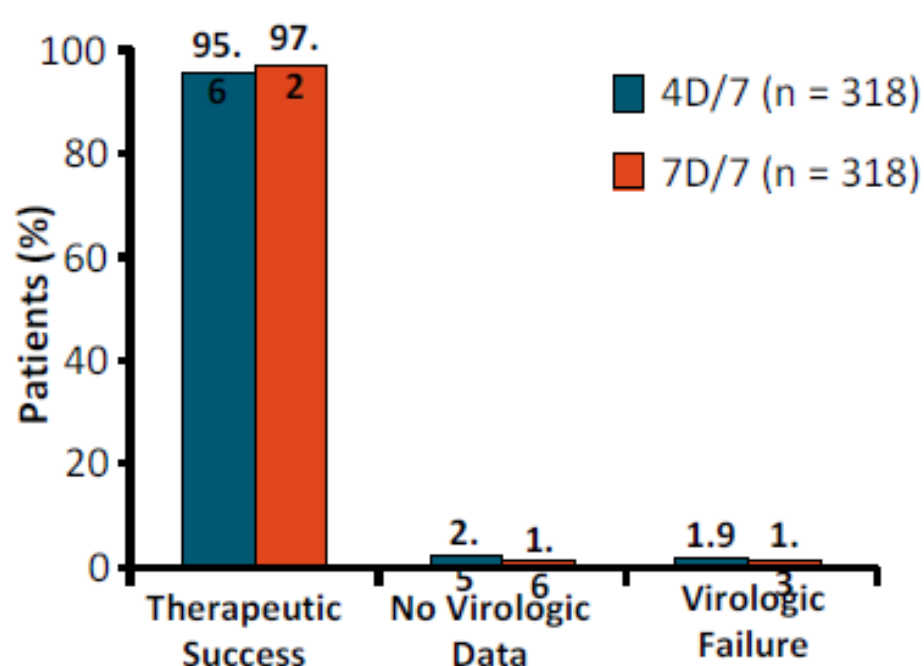
Weight Gain After Switch to INSTI-Based ART by Agent, Pre-Switch ART Class, and NRTI Backbone at Switch

Change in weight gain rate greater with DTG vs EVG or RAL

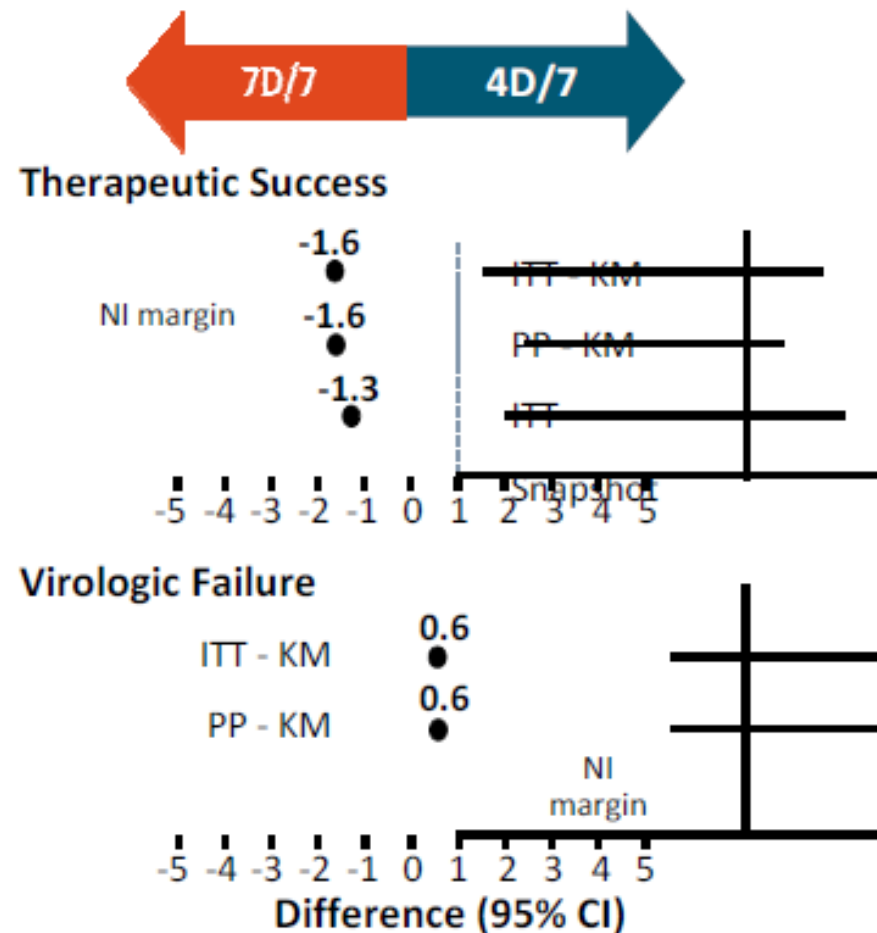
| Adjusted Annual Weight Change, kg/yr (<i>P</i> Value) | DTG (n = 198) | EVG (n = 204) | RAL (n = 289) |
|--|---------------|---------------|---------------|
| 2 yrs pre-INSTI | 0.2 (.11) | 0.5 (.008) | 0.5 (< .0001) |
| 2 yrs post-INSTI | 1.3 (< .0001) | 0.9 (< .0001) | 0.3 (.045) |
| Post-pre difference | 1.0 (.0009) | 0.5 (.11) | -0.2 (.37) |

- Increases in weight change per yr from pre- to post-INSTI periods statistically significant ($P < .05$) with:
 - to DTG from PI or NNRTI
 - Switch to EVG from NNRTI
 - Switch to any INSTI + ABC
 - Switch to EVG + TAF

ANRS 170 QUATUOR: Treatment Success at Wk 48 in ITT Population (Primary Endpoint)



- VF not associated with ARV class
- Emergent resistance detected in 3 of 6 failing 4D/7 vs 1 of 4 failing 7D/7



Landman. IAS 2019. Abstr WEAB0406LB. Reproduced with permission.

Slide credit: clinicaloptions.com

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Le novità del 2019

Suppressed or Not, HIV Is Risk Factor for Cytopenias

People living with HIV are at greater risk for anemia, neutropenia, and thrombocytopenia than the general population, even when they are virally suppressed, a study published in *The Journal of Infectious Diseases* showed.

Viral Suppression Doesn't Always Prevent Kaposi Sarcoma

Kaposi sarcoma (KS) can occur in virally suppressed people living with HIV (PLWH) and may be difficult to treat in that population, a small French observational study published in *Clinical Infectious Diseases* showed.

The study describes KS in 21 PLWH in France who had been virally suppressed for a median of three years. Thirty-eight percent of participants had no prior KS or symptoms related to the human herpesvirus-8 (HHV-8), the viral infection

PLWH at Higher Risk of Atrial Fibrillation

In a large California study, living with HIV was associated with a significantly higher risk of atrial fibrillation (AFib) than was being HIV negative, researchers reported in *Journal of the American College of Cardiology*. AFib is a leading cause of irregular heartbeats and stroke.

The study included more than 17 million people, 18,242 of whom were living with HIV. During the study period (2005-2011), 625,167 people were newly diagnosed with AFib. The incidence rate for AFib was 18.2 per 1,000 person-years among PLWH

/10/2019

Altre novità 2019

Increased Heart Age Quantified in HIV-Positive People

The heart of the typical person living with HIV (PLWH) in the U.S. shows signs of wear common in people who are more than a decade older, an analysis of data from the HIV Outpatient Study (HOPS) study that was reported in *AIDS* showed.

Researchers used a heart age calculator to determine the Framingham risk score for 2,467 men and 619 women living with HIV. That score shows the risk of coronary heart disease within the next 10 years and is calibrated based on gender.

Virologic Failure May Not Be What It Seems in Some Treatment-Experienced Patients

A novel pilot approach to directly observed therapy (DOT) for people experiencing HIV treatment failure revealed that non-adherence -- despite a patient's self-report to the contrary -- was a common characteristic of virologic failure, according to a report published in *Clinical Infectious Diseases*.

Hepatitis C Cure Dramatically Curbs End-Stage Liver Disease Among People With Coinfection

Among people living with HIV, rates of cardiovascular disease and non-AIDS-defining malignancies were similar across hepatitis C statuses, but rates of end-stage liver disease were not, a large pan-European study published in *Clinical Infectious Diseases* showed. The study affirms the long-term clinical benefits of effective HCV therapy for the livers of people with HIV/HCV coinfection.

Ancora novità 2019

A gathering storm

HIV infection and nonalcoholic fatty liver disease in low and middle-income countries

Kapoor, Nitin^{a,b,*}; Audsley, Jennifer^{c,*}; Rupali, Priscilla^d; Sasadeusz, Joe^e; Paul, Thomas V.^a; Thomas, Nihal^a; Lewin, Sharon R.^{c,f}

AIDS: June 1, 2019 - Volume 33 - Issue 7 - p 1105–1115

doi: 10.1097/QAD.0000000000002161

EDITORIAL REVIEW

CROI 2019

People With HIV Have Substantially Higher Risk of Sudden Cardiac Death at Low CD4 Counts or Detectable Viral Load

Viral Reservoir Can Explain Persistent Low Level Viremia With Good Adherence on ART

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Switching From a Protease Inhibitor–based Regimen to a Dolutegravir-based Regimen: A Randomized Clinical Trial to Determine the Effect on Peripheral Blood and Ileum Biopsies From Antiretroviral Therapy–suppressed Human Immunodeficiency Virus–infected Individuals

Sara Morón-López,¹ Jordi Navarro,^{2,3,4} Montse Jimenez,¹ Sofie Rutsaert,⁵ Víctor Urrea,¹ Maria C. Puertas,¹ Ariadna Torrella,² Laura De Clercq,⁵ Bibiana Planas Ribas,² Cristina Gálvez,¹ Maria Salgado,¹ Linos Vandekerckhove,⁵ Julià Blanco,^{1,6} Manel Crespo,^{2,7} and Javier Martinez-Picado^{1,6,8}

Results. There were no related adverse events or treatment discontinuations due to drug intolerance. The HIV reservoir was consistently larger in ileal than in peripheral CD4⁺ T cells in both groups ($P < .01$). Residual viremia in plasma decreased in the switch group ($P = .03$). However, we did not observe significant longitudinal changes in low-level viral replication, total and integrated HIV reservoir, HIV transcription, T-cell maturation subsets, immunoactivation markers, inflammatory soluble proteins, or cellular markers of latently infected cells.

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USA - DHHS 2019

September 27, 2019

1. ***Mycobacterium tuberculosis* Infection and Disease:** The Panel updated this section to reflect the availability of results from a number of new studies in tuberculosis (TB) diagnostics, therapeutics, pharmacology, and drug resistance. Several key highlights include:
 - The 3HP regimen (weekly isoniazid plus rifapentine for 3 months) for the treatment of latent tuberculosis infection (LTBI) is now recommended as an alternative regimen when provided as self-administered therapy or directly observed therapy.
 - Four months of daily rifampin monotherapy is now recommended for the treatment of LTBI in patients who cannot receive isoniazid.
 - When dolutegravir is given with concurrent rifampin, it is recommended that the dose be increased to 50 mg twice daily.
 - Bictegravir is not recommended to be given with rifamycin-containing TB treatment.
 - Isoniazid preventive therapy is not recommended for pregnant women until after delivery unless they are close contacts of a known patient with active TB disease.
 - Prednisone is no longer recommended for the treatment of TB pericarditis.
 - Isoniazid-monoresistant TB should be treated with 6 months of rifampin, pyrazinamide, ethambutol, and either levofloxacin or moxifloxacin.
 - For patients at high risk for developing TB-associated immune reconstitution inflammatory syndrome (TB-IRIS), pre-emptive prednisone is recommended as adjunctive therapy with the initiation of antiretroviral therapy.

Terapie long-acting

- Strategie di induzione-mantenimento
- Cabotegravir-rilpivirina (ogni 4-8 settimane)
- Salvataggio: **Ibalizumab** (ogni 2 settimane)

Cabotegravir Long-Acting (LA) Injectable Nanosuspension

Bill Spreen, for Viiv Healthcare & GSK Development Team



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ATLAS: CAB LA + RPV LA Acceptability

- At Wk 48, 90% of CAB LA + RPV LA users scored ISRs as totally or very acceptable and 86% scored pain as totally or very acceptable

| Acceptability of ISRs and Pain in Patients Receiving CAB LA + RPV LA, % | Acceptability of ISRs | Acceptability of Pain |
|---|-----------------------|-----------------------|
| Wk 5 | | |
| ▪Totally acceptable | 48 | 29 |
| ▪Very acceptable | 26 | 35 |
| ▪Moderately acceptable | 18 | 20 |
| ▪A little acceptable | 5 | 10 |
| ▪Not at all acceptable | 3 | 6 |
| Wk 48 | | |
| ▪Totally acceptable | 67 | 55 |
| ▪Very acceptable | 23 | 31 |
| ▪Moderately acceptable | 7 | 9 |
| ▪A little acceptable | 3 | 4 |
| ▪Not at all acceptable | 1 | 1 |
| Wk 5 vs Wk 48 <i>P</i> value | < .001 | < .001 |



**Grazie per
l'attenzione**

Milano 03/10/2019